

CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

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1.	The name of the limited partnership: STATE OF IDAHO STATE OF IDAHO
2.	The mailing address of the principal office: 979 Meadowview, Road St. maries, ID. 83861
3.	The name and business address of the registered agent: Chery L. Condler 979 Meadowview Rock. First
4.	The name and mailing address of each general partner: Name Address Pool Candler 979 Meadowriew Road To. 83861 Charl L. Candler 979 Meadowriew Road To. 83861
5.	(If more space is needed, continue in item 6.) This limited partnership [is not] [is] a limited liability limited partnership.
٥.	[If you check that your partnership is a limited liability limited partnership, your partnership name must end in LLLP or Limited Liability Limited Partnership.]
6.	Other matters (optional):
7.	Signature of all general partners: Secretary of State use only
<u></u>	Typed Name Typed Name

Typed Name